

Heber City, Wasatch, Utah

**DR. BLAIR B. ERICSON**  
**OPTOMETRIST**

PROFESSIONAL EYE CARE

STYLISH GLASSES

**Saturdays & Thursdays**

9:00 a. m. to 5:00 p. m.

Bank Bldg.

Heber

Phone 19-J

1950

**DR. BLAIR B. ERICSON**  
**OPTOMETRIST**

PROFESSIONAL EYE CARE

STYLISH GLASSES

**Saturdays & Thursdays**

9:00 a. m. to 5:00 p. m.

Bank Bldg.

Heber

Phone 19-J

10 Mar 1950

## HUSBAND

optometrist

Born \_\_\_\_\_ Place \_\_\_\_\_  
 Chr. \_\_\_\_\_ Place \_\_\_\_\_  
 Marr. \_\_\_\_\_ Place \_\_\_\_\_  
 Died \_\_\_\_\_ Place \_\_\_\_\_  
 Bur. \_\_\_\_\_ Place \_\_\_\_\_

HUSBAND'S FATHER

HUSBAND'S  
OTHER WIVESHUSBAND'S  
MOTHER \_\_\_\_\_

Husband

Wife

Ward 1.  
Examiners: 2.Stake or  
Mission

John P

GLEAVE

NAME &amp; ADDRESS OF PERSON SUBMITTING SHEET

John GLEAVE  
160 So 100 W  
Heber Utah654-1863  
0868

## WIFE

Born \_\_\_\_\_ Place \_\_\_\_\_  
 Chr. \_\_\_\_\_ Place \_\_\_\_\_  
 Died \_\_\_\_\_ Place \_\_\_\_\_  
 Bur. \_\_\_\_\_ Place \_\_\_\_\_

WIFE'S FATHER

WIFE'S OTHER  
HUSBANDSWIFE'S  
MOTHER \_\_\_\_\_

## CHILDREN

List each child (whether living or dead) in order of birth

Given Names

SURNAME

## WHEN BORN

## WHERE BORN

## DATE OF FIRST MARRIAGE

## WHEN DIED

DAY

MONTH

YEAR

TO WHOM

SEX M F	CHILDREN			DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	DAY	MONTH	YEAR
	Given Names	SURNAME										
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

SOURCES OF INFORMATION

OTHER MARRIAGES

Husband

Wife

Ward 1.  
Examiners: 2.Stake or  
Mission

NAME &amp; ADDRESS OF PERSON SUBMITTING SHEET

John GLEAVE  
160 So 100 W  
Heber Utah654-1863  
0868

RELATION OF ABOVE TO HUSBAND RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES NO 

DATE SUBMITTED TO GENEALOGICAL SOCIETY

## LDS ORDINANCE DATA

BAPTIZED (Date) ENDOWED (Date) SEALED (Date and Temple)  
WIFE TO HUSBAND

HUSBAND

SEALED (Date and Temple)  
CHILDREN TO PARENTS

**DR. JOHN GLEAVE**  
Optometry

**EYE EXAMINATION  
BY APPOINTMENT  
CALL 654-1863**

Open

Mon-Fri 9:00-5:00 p.m.  
Sat. 9:00-12:00 Noon  
CLOSED THURSDAY

160 South 100 West  
Heber City, Utah 84032  
Phone 654-1863

PLACES: Sharon, Windsor, Vt.

ENTER ALL DATA IN THIS ORDER:  
DATES: 14 Apr 1794

To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.